



Mitchell E. Daniels, Jr., Governor  
State of Indiana

*Indiana Family and Social Services Administration*  
E. Mitchell Roob Jr., Secretary

**Indiana Family and Social Services Administration Eligibility Modernization  
Voluntary Community Assistance Network (V-CAN) Registration**

**Extra Office Locations**

If your organization is a Referral Member or an Access Point and you have multiple office locations, please list your additional offices and contact information below. This will enable us to make sure all of your locations have the materials they need, and allow us to have more complete information about where public assistance informational materials and access are offered.

Organization Name: \_\_\_\_\_

**Location 1**

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

County: \_\_\_\_\_

Contact Name:\* \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

**Location 2**

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

County: \_\_\_\_\_

Contact Name:\* \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

\* The Contact Name should be the person who should receive e-mails about official V-CAN communications and packages of V-CAN resources materials, if applicable. We encourage you to share the e-mails with others in your organization.

Please e-mail, FAX or mail your completed form to the following:

E-mail: [vcn@us.ibm.com](mailto:vcn@us.ibm.com)

FAX: (317) 706-2660

Indiana Eligibility Modernization  
PO Box 40977  
Indianapolis, IN 46240-0977

### **Location 3**

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

County: \_\_\_\_\_

Contact Name:\* \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

### **Location 4**

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

County: \_\_\_\_\_

Contact Name:\* \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

### **Location 5**

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, ST Zip: \_\_\_\_\_

County: \_\_\_\_\_

Contact Name:\* \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

\* The Contact Name should be the person who should receive e-mails about official V-CAN communications and packages of V-CAN resources materials, if applicable. We encourage you to share the e-mails with others in your organization.